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Complete and send	his form,	togethecwith	applicable	fee(s), to:	<u>Mail</u>
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or <u>Fax</u> INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as a proportion of the patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

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Kimberly V. Perr	y, Esq.	(	, (	I hereby certify the	Certificate of Mailing or Trans at this Fee(s) Transmittal is bein	smission  g denosited with the United		
*U.S. Surgical	Healthcare Group, LP	$-\Gamma M M \omega$	Jak 1 1	States Postal Servi	at this Fee(s) Transmittal is bein ce with sufficient postage for fir Mail Stop ISSUE FEE address JSPTO (703) 746-4000, on the	st class mail in an envelope		
150 Glover Avenue		OHING	KH!   2005	transmitted to the I	JSPTO (703) 746-4000, on the c	date indicated below.		
Norwalk, CT 0685				Karen	M. Gill	(Depositor's name)		
<del>,</del>		1270	زیم پر	Kmi	siel,	(Signature)		
			PANEMA PA	March	2, 2005	(Date)		
APPLICATION NO.	FILING DATE	F	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/611,712	07/01/2003		Joseph Pasqu	alucci	2186 CON	4460		
TITLE OF INVENTION: V	ALVE ASSEMBLY							
APPLN. TYPE	SMALL ENTITY	ISSUE FEI	E	PUBLICATION FEE TOTAL FEE(S) DUE		DATE DUE		
nonprovisional	NO	\$1370		\$300	\$1670	03/02/2005		
EXAM	INER	ART UNI	r	CLASS-SUBCLASS	$\neg$			
NGUYEN, C.	NGUYEN, CAMTU TRAN 374			604-027000	<b>.</b>			
1. Change of correspondence	e address or indication of "Fe	ee Address" (37	2. For printing	on the patent front pag	e, list			
CFR 1.363).  Change of correspondence address (or Change of Correspondence or agents OR, alternatively,						<u> </u>		
Address form PTO/SB/1	22) attached.	Sorrespondence	(2) the name	of a single firm (having				
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PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be a 37 CFR 3.11. Completion of	low, no assignee dof this form is NOT	ata will appear a substitute for	on the patent. If an as filing an assignment.	signee is identified below, the	document has been filed for		
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United States	Surgical Corpo	oration No	rwálk, C	Onnecticut (	01 FC:1501 1400.00 02 FC:1504 300.00	DA		
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## **PATENT**

Atty. Docket No: 2186 CON

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S):

Joseph Pasqualucci

**SERIAL NO.:** 

10/611,712

**EXAMINER:** C. T. Nguyen

**FILED** 

July 1, 2003

**GROUP ART UNIT: 3743** 

FOR

**VALVE ASSEMBLY** 

## CERTIFICATE OF MAILING

Date of Deposit: March 2

March 2, 2005

I hereby certify that the following:

[x] This Certificate of Mailing

[x] Part B - Fee(s) Transmittal

[x] Return postcard

are being deposited with the United States Postal Service first-class mail on the Date of Deposit indicated above in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Karen M. Gi

U.S. Surgical, a division of TYCO HEATHCARE GROUP LP 150 Glover Avenue Norwalk, CT 06856 (203) 845-1372